Committee Name:

AMERICAN MUSLIMS AGAINST TRUMP PAC

If registered, FEC ID:

Today's Date:

05/23/2016

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

KHAWAR S. HASSAN

Treasurer

2016 - 05 - 31 - 08 - 00075970

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2016 MAY 31 AM 8: 02

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NAME OF COMMITTEE (in full)	(Check if name is changed)	ne Example:If typing, typover the lines.	pe 12FE4M5	- Constant		
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COMMITTEE'S E-MAIL ADDRES	SS					
(Check if address is changed)	[I,N,F,O,@A,M	/I, A, T, P, A ,C , . , C, O, M	· · · · · · · · · · · · · · · · · · ·			
	Optional Second E-M	Mail Address		11111		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)					
(Check if address is changed) -	w _i w _i w _{i . i} a _i m _i a	ı _ı tıpıaıcı. ¡cıomı				
		<u> </u>	!			
2. DATE 0 5 23 20 1 6						
3. FEC IDENTIFICATION NUMBER ▶						
4. IS THIS STATEMENT	NEW (N)	OR AMENDED	(A)	·		
I certify that I have examined th	nis Statement and to the	ne best of my knowledge and b	pelief it is true, correct and co	mplete.		
Type or Print Name of Treasure			, , unityppinismississ			
Signature of Treasurer	Jamar Ja	van	Date 0 5	23 2016		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further inform Federal Election C Toll Free 800-424-5	ommission FE 9530 (F	EC FORM 1 Revised 06/2012)		

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	· F	EC For	m 1 (Revised 02/2009)	Page 2		
(DMMITTEE			
		didate	Committee:			
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.			
	. (b)		This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate		
	Name Candi					
٠.	Cand Party	idate Affiliatio	Office Sought: House Senate President	State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Almonto Militaria e mil		
	Name Cand					
	Part	y Con	mittee:			
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a		
			Corporation Corporation w/o Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.	,		
	(f)	J	This committee supports/opposes more than one Federal candidate, and is NOT a separate	e segregated fund or party		
		Wain?	committee. (i.e., nonconnected committee)			
			In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint Fundraising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political		
		Com	mittee's Participating in Joint Fundraiser			
		1.	FEC ID number			
		2.	FEC ID number C			
		3.				

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	rised 02/2009) Page 3
Write or Type Committee I	Name
. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Polationship: Copr	nected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp
Relationship: Conr	nected Organization Attiliated Committee Joint Fundraising Representative Leadership PAC Spi
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Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person in possession of comm
books and records.	
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Title or Position	CITY STATE ZIP CODE
T ₁ R ₁ E ₁ A ₁ S ₁ U ₁ R ₁	ER
	me and address (phone number optional) of the treasurer of the committee; and the name and address
any designated agent ((e.g., assistant treasurer).
Full Name	1;A;W;A;R; S;;H;A;S;S;A;N;;;;;;;;;;;;;;;;;;;;;;;;;;
of Treasurer KıH	
Full Name of Treasurer Mailing Address	[6,0,3,0, ,D,A,Y,B,R,E,A,K, ,C,I,R,C,L,E, , , , , , , , , , , , , , , , , ,
of Treasurer KıH	[6 ₁ 0 ₁ 3 ₁ 0 ₁ ₁ D ₁ A ₁ Y ₁ B ₁ R ₁ E ₁ A ₁ K ₁ ₁ C ₁ I ₁ R ₁ C ₁ L ₁ E ₁
of Treasurer KıH	[6,0,3,0, ,D,A,Y,B,R,E,A,K, ,C,1,R,C,L,E, , , , , , , , , , , , , , , , , ,
of Treasurer KIH	[6 ₁ 0 ₁ 3 ₁ 0 ₁ ₁ D ₁ A ₁ Y ₁ B ₁ R ₁ E ₁ A ₁ K ₁ ₁ C ₁ I ₁ R ₁ C ₁ L ₁ E ₁

CITY

STATE

ZIP CODE

Mailing Address

BALTIMORE NO 212

TO MAY SUICE WANTED

Federal Electron Commission 999 IE Street N.W. WASHINGTON DC 20463

> PEC MAIL CENTER THE NAME OF STREET

2016 - 05 - N1 - 0N - 00075974

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(3/2015) (3/2015)	DATE PREPARED			